When this form is completely filled out
use Preventive Medicine Services Code:
99381—New Patient < one year
99391—Established patient < one year

1	M

EPSDT Screening Date ___/___/200_

Member ID # ___-___-____

One Month Visit

Name_____ Birthdate_____ Historian _____

Age_____ Allergies_____ Medications _____

Weight _____ lbs._____oz. Length _____ in. Head circ. _____cm Temp._____T R

Nutrition

❑ Breast_____min. q._____hrs.

❑ Formula_____ oz. q. _____hrs.

Brand_____
With iron? Yes No
Water: city well spring bottled
WIC: yes no

History Update

Are there any changes in your family history?

No Yes _____

Has the patient had any new problems or illnesses since the last visit?

No Yes _____

Problems/Concerns

Spitting up	yes	no
Constipation	yes	no
Colic	yes	no
Stuffy nose	yes	no
Sleep	yes	no

_____

_____

_____

Hearing

Responds to sounds yes no
Newborn hearing screen:
Nl Repeat Not done

Vision:

Looks at parent's face yes no
Follows with eyes yes no

Developmental Screen

see separate form
normal abnormal

Newborn Metabolic Screen

normal repeat pending

Physical Exam (UNCLOTHED Yes No) ✓ = nl X = abnl

General	❑
Head	❑
Fontanel	❑
Neck	❑
Eyes	❑
Red reflex	❑
Ears	❑
Nose	❑
Throat/Mouth	❑
Lungs	❑
Heart	❑
Abdomen	❑
Femoral Pulses	❑
Umbilical Cord	❑
Genitalia	
Female	❑
Male	❑
Testes	❑
Circumcision	❑
Spine	❑
Extremities	❑
Hips	❑
Skin	❑
Neuro	❑

Safety

❑ Car seat, facing backwards
❑ Smoke free environment
❑ Smoke detectors in home
❑ Hot water < 120 degrees
❑ No bottle propping
❑ Sleep on back
❑ Crib Safety

Health/Nutrition

❑ If bottle fed, 26-32 oz/day
❑ If breast fed, nurses 8-10 times/day
❑ Delay solids
❑ Bowel movements
❑ Strong urinary stream, if male
❑ Fever

Social/Behavioral

❑ Temperament
❑ Sleep
❑ Talk to baby
❑ Support for mother
❑ Day care plans yes no

Impression

❑ Well Baby
❑ _____
❑ _____

Plan/Referrals

❑ Hepatitis B Vaccine
❑ Vaccine Information Sheet
❑ One month Handout sheet
❑ RTC at 2 months _____
❑ _____
❑ _____
❑ _____

_____M.D. / P.N.P.

❑ See back for additional documentation

Provider ID # _____